

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 27, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

Date 25

An investigation has been made regarding the application of The Gates, 300 Canopy Street requesting a class C/E liquor license.

Brandon Akert has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Brandon Akert was born in Lincoln, Nebraska. He graduated from the University of Nebraska in 2012.

Brandon Akert employment history is as follows:

2008 - Present	Manager, Lincoln Country Club /Dining Room	Lincoln, NE.
2007 - 2008	Manager, Jimmy Johns	Lincoln, NE.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



JJ Mayer

From: Russ Fosler <lpd843@CJIS.LINCOLN.NE.GOV>
Sent: Wednesday, July 10, 2013 2:22 PM
To: 'JJ Mayer'
Subject: FW: Establishment Name Change

-----Original Message-----

From: Teresa Meier [<mailto:tmeier@lincoln.ne.gov>]
Sent: Wednesday, July 10, 2013 1:13 PM
To: Russell L Fosler; Trish J. Babb; Tonya L. Peters
Subject: FW: Establishment Name Change

FYI -

-----Original Message-----

From: Brandon Akert [<mailto:brandonakert@gmail.com>]
Sent: Wednesday, July 10, 2013 11:52 AM
To: Seybert, Randy
Subject: Establishment Name Change

Randy,

We have had a name change for our business. We are going to be called Gate 25 instead of The Gates.

License number: 104026

If you need anything else please let me know.

Thank you,

Brandon Akert

Sent from my iPhone

**APPLICATION FOR ENTERTAINMENT
DISTRICT LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH, 5TH FLOOR
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814 OR (402) 471-2374
Website: www.jlc.ne.gov

Office Use

RECEIVED

JUN 21 2013

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Application:

- Must include local governing body's designated area to be used as a common area for consumption
- Must include simple sketch showing existing licensed area and area to be used as commons area include feet (not square feet), direction north. No blue prints. RS

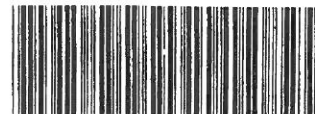
104038

CLASS OF LICENSE AND NUMBER (if any) Class C
NAME OF LICENSEE Yard Investments
TRADE NAME The Gates
PREMISE ADDRESS 300 Canopy Street, Suite 140
CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of this application will be forwarded to the local governing body for their recommendation as per Neb Rev Stat §53-132. Upon receipt of recommendation issuance shall be held for a 10 day protest period, if no protests received license will be issued and mail to the clerk's office for pick up and payment of fees.

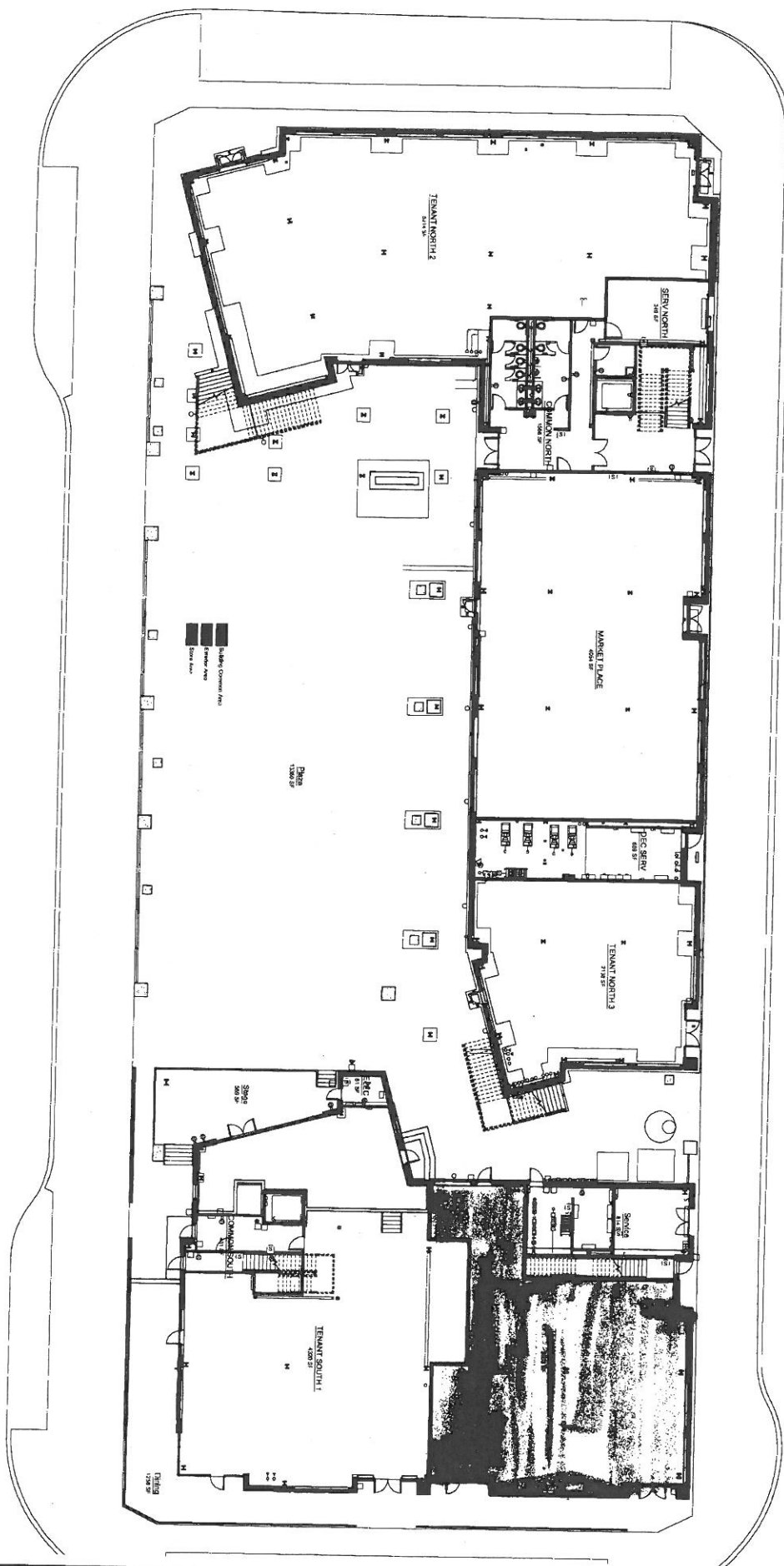
A license fee of \$300 plus any occupation tax shall be paid to the local governing body at time of issuance in addition to underlying liquor license costs.

Signature of licensee



1300015637

1 N



PREMISE INFORMATIONTrade Name (doing business as) The GatesStreet Address #1 300 Canopy St., Suite 140

Street Address #2 _____

City LincolnCounty LancasterZip Code 68508Premise Telephone number 402-310-9066E-mail brandonakert@gmail.com

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

Mailing address (where you want to receive mail from the Commission)

Name Yard Investments, LLCStreet Address #1 4201 Lowell Circle

Street Address #2 _____

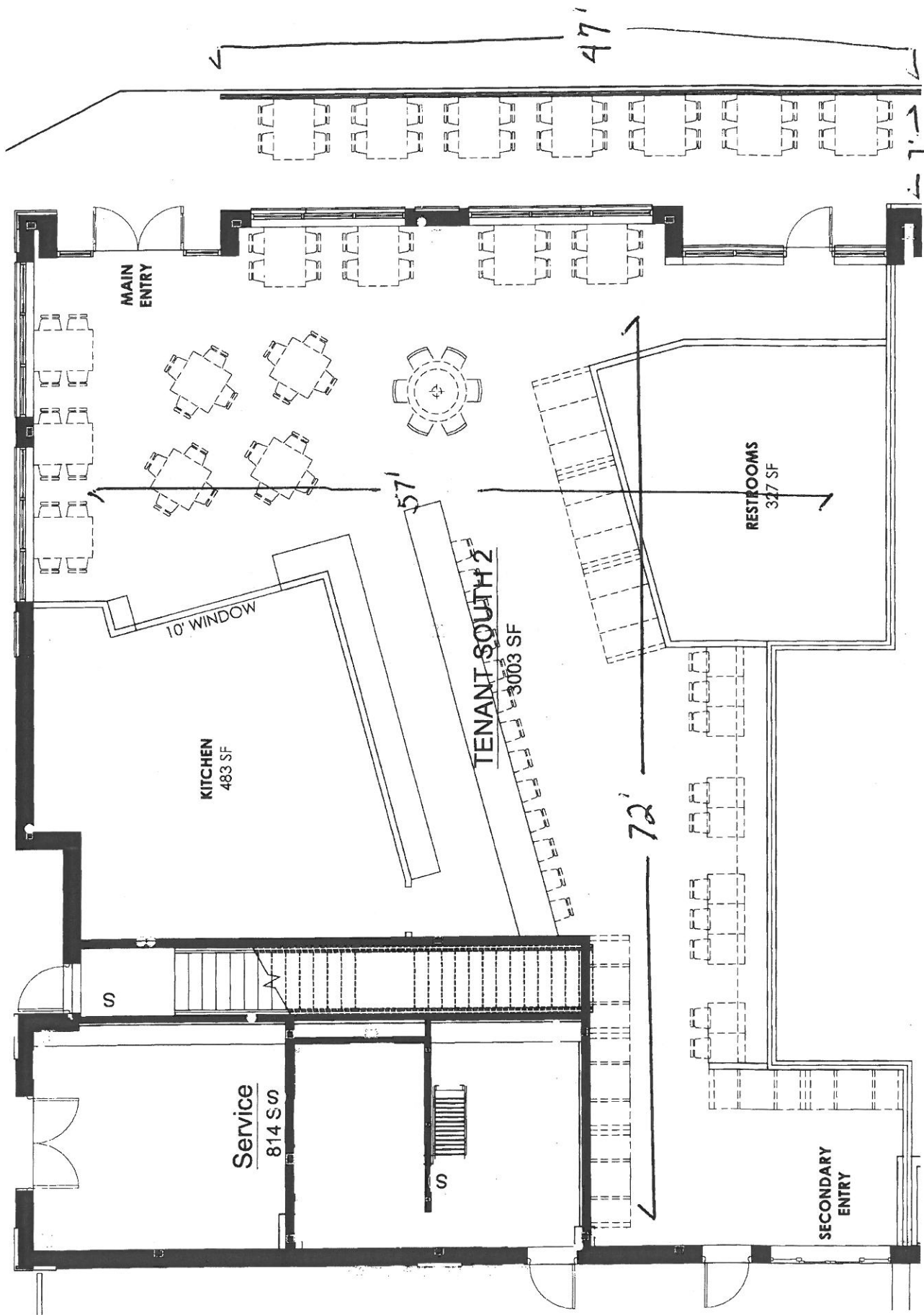
City LincolnState NEZip Code 68508**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 72 feetWidth 57 feetIs there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



LAYOUT 1 | TENANT SOUTH #2

SCALE: 1/8" = 1'-0"



APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Brandon Akert	06/2008	Lincoln, NE	DUI	Offender

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Citizens Bank, Nebraska City NE

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

JUN 14 2013

**NEBRASKA LIQUOR
CONTROL COMMISSION**

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Brandon Akert

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Yard Investments L.L.C.

LLC Address: 4201 Lowell Circle

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 402-421-3737 LLC Fax Number: 402-421-3745

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Akert First Name: Brandon MI: J

Home Address: 1909 N. 1st. Street City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: 402-310-9066

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

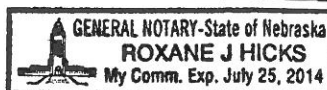
Date May 23, 2013

Roxane J Hicks

The foregoing instrument was acknowledged before me this

by Brandon J Akert
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Funke First Name: Ryan MI: C

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Lisa L. Funke

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 22%

Last Name: Funke First Name: Thomas MI: F.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tammie S. Funke

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 22%

Last Name: Akert First Name: Brandon MI: J.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): NA

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: Davison First Name: Matthew MI: S.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): NA

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10%

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Thomas First Name: Galyen MI: W.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Meriah D. Galyen
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 11%

Last Name: Galyen First Name: James MI: R.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Kari L. Galyen
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 11%

Last Name: Galyen First Name: Jeffrey MI: P.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Melissa L.
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 11%

Last Name: Galyen First Name: Richard MI: W.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Patricia A. Galyen
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 11%

Manager's information must be completed below PLEASE PRINT CLEARLY JUN 14 2013

Gender: ☒ MALE

☐ FEMALE

Last Name: Akert First Name: Brandon MI: J

Home Address (include PO Box if applicable): 1909 N. 1st Street APT 1a

City: Lincoln County: Lancaster Zip Code: 68508

Home Phone Number: 402-310-9066 Business Phone Number: 402-310-9066

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1989	2013			



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

FOR: BRANDON J AKERT , Male, DOB

Date of listing: 06-26-2013

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 06-30-2008	for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Case
Disposed 08-05-2008	as (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Cit# Chg# 1
FOUND GUILTY Fined \$400.00		

*** END OF LISTING ***

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquillity,
provide for the common defense,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORT

UNITED STATES OF AMERICA

Type / Type / Tipo	Code / Código	Passport No. / No. du Passeport / No. de Pasaport
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
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10	10	10
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100	100	100

USA

Surname / Nom / Apellidos

AKERT
Given Names / Prénoms / Nombres

BRANDON JOHN
Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

LE JOUR DE MON VIEUX / Lieu de naissance / Lugar de nacimiento

Sex / Sexe / Sexo

NEBRASKA, U.S.A.

M

Date of issue / Date de délivrance / Fecha de expedición

Authority / Autorité / Autoridad

05 MAY-2007

United States

Date of expiration / Date d'expiration / Fecha de caducidad

United States—

04 MAY 2017

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

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FOUSA

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